

031104

17691 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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|---|-------------------------------|-----------------------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. | Divisional of 495812003510 |
| | First Inventor | Jan Hoogland et al. |
| | Title | HOLOGRAPHIC STORAGE LENSES |
| | Express Mail Label No. | |

| | |
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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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| | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 47] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14] | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets 3] a. <input type="checkbox"/> Newly executed (original or copy) | c. <input type="checkbox"/> Statements verifying identity of above copies |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> | ACCOMPANYING APPLICATION PARTS |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small><i>(when there is an assignee)</i></small> Attorney |
| | 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> |
| | 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations |
| | 13. <input checked="" type="checkbox"/> Preliminary Amendment |
| | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small><i>(Should be specifically itemized)</i></small> |
| | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small><i>(if foreign priority is claimed)</i></small> |
| | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| | 17. <input type="checkbox"/> Other: |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/246,737**

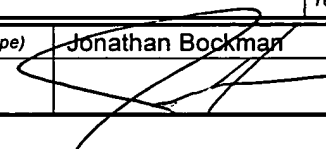
Prior application information: Examiner **Arnel C. Lavarias** Art Unit: **2872**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **25227** OR ☐ Correspondence address below

| | | | |
|---------|-----------|----------|--|
| Name | | | |
| Address | | | |
| City | State | Zip Code | |
| Country | Telephone | Fax | |

| | | | |
|-------------------|---|-----------------------------------|-----------------------|
| Name (Print/Type) | Jonathan Bockman | Registration No. (Attorney/Agent) | 45,640 |
| Signature |  | Date | March 12, 2004 |

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| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> | | Complete if Known | |
|--|--|----------------------|--------------------------|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | DIVISIONAL OF 10/246,737 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | March 11, 1004 |
| 770 | | First Named Inventor | Jan Hoogland et al. |
| | | Examiner Name | Amel C. Lavarías |
| | | Art Unit | 2872 |
| | | Attorney Docket No. | 495812003510 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
|--|--------------------------------------|-----------------------------|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | 3. ADDITIONAL FEES | |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> None | | | |
| <input checked="" type="checkbox"/> Deposit Account: | | | |
| Deposit Account Number: 03-1952 | | | |
| Deposit Account Name: Morrison & Foerster LLP | | | |
| The Director is authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | | |
| <input type="checkbox"/> Credit any overpayments | | | |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |

| FEE CALCULATION | | | | | |
|--|--------------|----------|--------------|--|----------|
| 1. BASIC FILING FEES | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 1001 | 2001 | 770 | 385 | Utility filing fee | 770 |
| 1002 | 2002 | 340 | 170 | Design filing fee | |
| 1003 | 2003 | 530 | 265 | Plant filing fee | |
| 1004 | 2004 | 770 | 385 | Reissue filing fee | |
| 1005 | 2005 | 160 | 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | | | 770 |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | |
| Total Claims | 9 | ** = | Extra Claims | Fee from below | Fee Paid |
| Independent Claims | 1 | ** = | | | |
| Multiple Dependent | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | |
| 1202 | 2202 | 18 | 9 | Claims in excess of 20 | |
| 1201 | 2201 | 86 | 43 | Independent claims in excess of 3 | |
| 1203 | 2203 | 290 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 2204 | 86 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 2205 | 18 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | | | | 0.00 |
| **or number previously paid, if greater; For Reissues, see above | | | | | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|------------------|-----------------------------------|----------------|
| Name (Print/Type) | Jonathan Bockman | Registration No. (Attorney/Agent) | 45,640 |
| Signature | | Telephone | (703) 760-7769 |
| | | Date | March 11, 2004 |